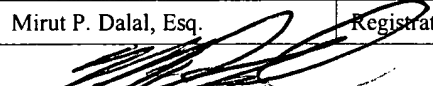


PTO/SB/21 (09-04)

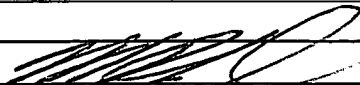
Approved for use through 7/31/2006

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Under the Paperwork Reduction act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM		Application Number		10/600,247			
(to be used for all correspondence after initial filing)		Filing Date		June 20, 2003			
		First Named Inventor		Nareshchandra Srinivas			
		Art Unit		2182			
		Examiner Name		Kim Huynh			
Total Number of Pages in This Submission		14		Attorney Docket Number		14974US01	
<b>ENCLOSURES (check all that apply)</b>							
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD		<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC ( <i>Appeal Notice, Brief, Reply Brief</i> ) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Petition for Extension of Time under 37 CFR 1.136(a) <input checked="" type="checkbox"/> Request for Continued Examination and Response to Office Action <input checked="" type="checkbox"/> Return-Receipt Postcard			
Remarks							
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>							
Firm or Individual Name	McAndrews Held & Malloy, Ltd.						
Name (Print/type)	Mirut P. Dalal, Esq.	Registration No. (Attorney/Agent)		44,052			
Signature					Date: August 12, 2005		
<b>EXPRESS MAIL DEPOSIT</b>							
"Express Mail" mailing label number : EV 640750825 US							
Date of Deposit: August 12, 2005							

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>Effective on 12/08/2004.</b> Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>for FY 2005</b>		<b>Complete if Known</b>																									
I, the Applicant, claim small entity status. See 37 CFR 1.27		Application Number	10/600,247																								
		Filing Date	June 20, 2003																								
		First Named Inventor	Nareshchandra Srinivas																								
		Examiner Name	Kim Huynh																								
		Art Unit	2182																								
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 790.00		Attorney Docket No.	14974US01																								
METHOD OF PAYMENT (check all that apply)																											
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____																											
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>13-0017</u> Deposit Account Name: <u>McAndrews Held &amp; Malloy</u> For the above-identified deposit account, the Director is hereby authorized to (check all that apply)																											
<input checked="" type="checkbox"/> Charge Fee(s) indicated below <input type="checkbox"/> Charge Fee(s) indicated below, except for the filing fee																											
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fees(s) <input checked="" type="checkbox"/> Credit any overpayments under 37 CFR 1.16 and 1.17																											
<b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.																											
<b>FEE CALCULATION</b>																											
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>																											
	FILING FEES		SEARCH FEES		EXAMINATION FEES																						
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fees Paid (\$)</u>																				
Utility	300	150	500	250	200	100	_____																				
Design	200	100	100	50	130	65	_____																				
Plant	200	100	300	150	160	80	_____																				
Reissue	300	150	500	250	600	300	_____																				
Provisional	200	100	0	0	0	0	_____																				
<b>2. EXCESS CLAIM FEES</b>							<u>Small Entity</u>																				
<u>Fee Description</u>							<u>Fee (\$)</u>																				
Each claim over 20, or for Reissues, each claim over 20 and more than in the original patent							50																				
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent							200																				
Multiple dependent claims							360																				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><u>Total Claims</u></td> <td style="text-align: center;"><u>Extra Claims</u></td> <td style="text-align: center;"><u>Fee (\$)</u></td> <td style="text-align: center;"><u>Fee Paid (\$)</u></td> <td style="text-align: center;"><u>Multiple Dependent Claims</u></td> <td style="text-align: center;"><u>Fee</u></td> <td style="text-align: center;"><u>Fee Paid (\$)</u></td> </tr> <tr> <td style="text-align: center;">13</td> <td style="text-align: center;">-20 or HP</td> <td style="text-align: center;">x</td> <td style="text-align: center;">=</td> <td style="text-align: center;">0</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">0</td> </tr> </table>							<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee</u>	<u>Fee Paid (\$)</u>	13	-20 or HP	x	=	0	_____	0							
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee</u>	<u>Fee Paid (\$)</u>																					
13	-20 or HP	x	=	0	_____	0																					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><u>Indep. Claims</u></td> <td style="text-align: center;"><u>Extra Claims</u></td> <td style="text-align: center;"><u>Fee (\$)</u></td> <td style="text-align: center;"><u>Fee Paid (\$)</u></td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">-3 or HP</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;">=</td> <td style="text-align: center;">0</td> </tr> </table>							<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	3	-3 or HP	0	x			=	0									
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>																								
3	-3 or HP	0	x																								
		=	0																								
HP = highest number of total claims paid for, if greater than 20 HP = highest number of independent claims paid for, if greater than 3																											
<b>3. APPLICATION SIZE FEE</b>																											
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																											
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><u>Total Sheets</u></td> <td style="text-align: center;"><u>Extra Sheets</u></td> <td style="text-align: center;"><u>Number of each additional 50 or fraction thereof</u></td> <td style="text-align: center;"><u>Fee (\$)</u></td> <td style="text-align: center;"><u>Fee Paid (\$)</u></td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">-100</td> <td style="text-align: center;">/50</td> <td style="text-align: center;">(round up to a whole number)</td> <td style="text-align: center;">x</td> </tr> <tr> <td colspan="3"></td> <td style="text-align: center;">0</td> <td style="text-align: center;">=</td> </tr> <tr> <td colspan="3"></td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> </table>								<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	_____	-100	/50	(round up to a whole number)	x				0	=				0	0
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>																							
_____	-100	/50	(round up to a whole number)	x																							
			0	=																							
			0	0																							
<b>4. OTHER FEE(S)</b>																											
Non-English Specification, \$130 fee (no small entity discount)							0																				
Other: <u>Request for Continued Examination</u>							790.00																				
<b>SUBMITTED BY</b>																											
Signature				Registration No. (Attorney/Agent)	44,052	Telephone	(312)775-8000																				
Name (print/type)	Mirut P. Dalal, Esq.			Date	August 12, 2005																						